

COVER PAGE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Matosantos	Ana	Josefina	[REDACTED]
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE . OPTIONAL FAX / E-MAIL ADDRESS
State Capitol, Room 1145	Sacramento	CA	95814

1. Office, Agency, or Court

Name of Office, Agency, or Court:

California Department of Finance

Division, Board, District, if applicable:

Your Position:

Chief Deputy Director - Budgets

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☒ Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

☐ The period covered is ____/____/____, through December 31, 2008.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2008, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-25-09
(month, day, year)

Signature [REDACTED]
(File the originally signed statement with your filing official.)

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Ana Matosantos

▶ NAME OF SOURCE Governor Schwarzenegger ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>12 / 20 / 08</td> <td>\$ 35</td> <td>holiday popcorn</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	12 / 20 / 08	\$ 35	holiday popcorn	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____	▶ NAME OF SOURCE ADDRESS BUSINESS ACTIVITY, IF ANY, OF SOURCE <table border="1"> <thead> <tr> <th>DATE (mm/dd/yy)</th> <th>VALUE</th> <th>DESCRIPTION OF GIFT(S)</th> </tr> </thead> <tbody> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>___ / ___ / ___</td> <td>\$ _____</td> <td>_____</td> </tr> </tbody> </table>	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____	___ / ___ / ___	\$ _____	_____
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